

Washington State Board of Health STATEMENT OF POLICY ON POSSIBLE 2012 LEGISLATIVE ISSUES

January 2012

It is the policy of the State Board of Health (Policy 01-001) to comment on legislative proposals that alter the Board's statutory authority, run counter to policy directions established in rule, or relate directly to activities in the Board's strategic plan. The Board also discusses major issues likely to appear on the Legislature's agenda and attempts to reach agreement on the sense of the Board on these issues prior to session. This statement represents the sense of the Board and will guide staff and members in their communications. It is neither exhaustive nor prescriptive. Over the course of legislative session, staff will review a wide variety of bills.

The Board is deeply concerned about the cumulative effect of five years of budget reductions and the drastic cuts proposed to the state budget this biennium. These cuts will further shred the health and social services safety net and deal a huge blow to a public health system already reeling from decades of underfunding. Moreover, short-term savings captured now will result in dramatically higher costs not far down the road—cuts to education, mental health, health care coverage, and prevention, for example, will lead to lost productivity, increased incarceration, more crisis care for people with chronic diseases, and greater overutilization of emergency rooms.

The Board does not have a counterproposal to the significant reductions that are necessary to achieve a balanced budget. For this reason, the Board will refrain from commenting on proposals for reducing the budget unless it can offer up an alternative or support another proposal already under consideration. It may, however, comment on policy proposals that are low-cost, no-cost, or cost-saving. It may also comment on proposals that would lay the foundation for future reforms and on proposals that would make government more effective, create partnerships to deliver critical services that government cannot provide on its own, and preserve critical capacity that might be needed in the future.

Strategic Goal 1: Strengthen the public health system

- The Board supports stable, secure public health funding that would enable state and local agencies to meet state and national standards. It believes this funding should be linked to inflation and population growth. It would support efforts to secure additional revenue dedicated to public health and to set the stage for a stable and **secure** funding mechanism in the future. It would support local health jurisdictions in examining the current public health funding, governance, service delivery, and funding options.

Strategic Goal 2: Increase access to preventive services

- **Access to care:** The Board encourages the Legislature to maintain access to health care to the extent possible. It is particularly concerned about access to preventive services, availability of care for children and the elderly, and addressing the ways in which inequities in care contribute to health disparities. It strongly encourages the Governor and the Legislature to sustain efforts to prepare the state for implementing national health reform fully by 2014, particularly the many components of the Affordable Care Act that promote prevention, advance health equity, and strengthen the public health system. It is supportive of efforts to

control the costs of medical care as a way to preserve fiscal capacity that can be directed toward public health and other prevention-oriented programs and services.

- **Immunizations:** The Board supports efforts to increase utilization of adult immunizations, particularly by health care workers. It has criteria for adding diseases on the list of vaccine-preventable illnesses against which children entering school or child care must be immunized. Authority to mandate vaccines should continue to reside with the Board. It encourages policies that increase the capacity of schools, child care centers, and local health jurisdictions to pursue full immunization of all children. It supports efforts to educate the public about the immunizations and to correct misinformation about their safety. The board would oppose legislation that would increase immunization exemptions.
- **Patient-Centered Medical Home:** The Board supports ongoing efforts by the state, in partnership with the federal government, to encourage patient-centered medical homes, especially for children. The Board recognizes that people who have a medical home:
 - Are more likely to receive preventive health care such as regular check-ups, immunizations, and health screening.
 - Have fewer emergency room visits and hospitalizations.
 - Miss fewer days of work or school.
 - Have fewer unmet health needs.
 - Receive better care regardless of race or income.
- **Mandated Benefits:** The Board believes the state has an interest in promoting preventive services. Underinsurance can be a barrier to access and utilization. The Board supports mandated insurance benefits for evidence-based, cost-effective preventive care. Adding or removing such mandates typically has not been shown to change premiums appreciably.
- **Mental Health:** The lack of adequate resources needed to address behavioral problems and mental illness is a longstanding public health problem. The Board supports programs and policies that promote a preventive, population-based, and coordinated public health approach to mental health. It supports integration of behavioral health and primary care delivery. It would also support organizational reforms that would make more private and public funds available to help local communities reduce childhood trauma and address risk and protective factors affecting mental wellness.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and supports such solutions as providing Medicaid and SCHIP dental coverage. Given the limited access to children's dental care, it supports the ability of communities and water systems to use fluoridation as a population-based approach to preventing tooth decay in accordance with Board rules and the latest federal recommendations.
- **School Health:** The Board encourages implementation of the coordinated school health model, as well as school-based health clinics and other school-associated programs that improve children's access to primary and preventive services through either direct care provision or referrals (including programs to address chronic diseases). In the context of basic education financing reform, it encourages the Quality Education Council and others to promote adequate staffing levels for school nurses and mental health counselors.

Strategic Goal 3: Reduce health disparities

- **Governor's Council:** The Board staffs the Governor's Interagency Council on Health Disparities, which in 2010 released an action plan for eliminating disparities by race/ethnicity and gender. The Board supports efforts to address health disparities, including the Council's recommendations. The Board is particularly supportive of those recommendations that can be implemented with little or no additional state funds.
- **Academic Achievement:** The Board has done extensive work on the connection between academic achievement gaps and health disparities. Education is a major social determinant of health. The Board would support programs and policies such as those identified in *Research Review: School-based Health Interventions and Academic Achievement* (SBOH, OSPI, & DOH, 2009). It is particularly supportive of policies and programs that would simultaneously improve academic performance for students of color and increase health equity.

Strategic Goal 4: Encourage healthy behaviors

The Board believes policy should encourage physical activity, improve opportunities for healthy nutrition, and promote healthy behaviors, particularly in underserved communities.

- **Physical Activity and Nutrition:** The Board supports science-based policies and promising practices such as those described in *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* (CDC, 2009) to improve physical activity and nutrition in school, workplace, and community settings. The Board strongly supports recess and physical education. It believes opportunities for exercise and movement during the school day result in better educational outcomes.

In 2011, people 65 years and older made up 13 percent of Washington's population. In 2040, they are projected to make up 21 percent of our population. According to national statistics less than 20 percent of older adults engage in enough physical activity. The Board supports evidence-based recommendations, policies and promising practices that are community-based and foster active independent lives for people 65 years and older. The board is particularly interested in low cost policies that help prevent falls, fraud, and financial stress for our elder population.

- **Tobacco:** The Board supports implementation of the Department of Health's *Tobacco Prevention and Control Plan*, including efforts aimed at minority communities with disproportionate tobacco use. It would support measures to restore or maintain such efforts even if that meant seeking additional revenue sources.
- **Substance Abuse:** The Board has long been concerned about the growing epidemic of narcotic misuse and abuse. It is pleased that national legislation has removed federal barriers to sustainable, effective programs to take back unused narcotics in order to prevent their diversion for non-medicinal use. It would support initiatives to fund and facilitate additional take-back facilities around the state.

Strategic Goal 5: Promote Healthy and Safe Environments

The Board develops and adopts rules on a wide variety of environmental health issues, and it supports environmental health initiatives by other agencies that have the potential to improve human health—for example, the Department of Ecology’s and Department of Health’s efforts to reduce human exposure to persistent bioaccumulative toxins.

- **Built Environments:** The Board supports integrating public health into land use, transportation, and community development planning so that social and physical environments promote healthy behavioral choices.
- **On-site Sewage:** The Board would support legislative initiatives that apply science to on-site regulation and are consistent with Resolution 04-04 and existing Board rules. Because of the Governor’s executive order establishing a rules moratorium, it has suspended rulemaking related to drainfield remediation technologies, which have been the subject of legislative proposals in recent years. It would support legislation that would enhance wastewater management programs in a manner that emphasizes environmental public health protections.
- **Children’s Environmental Health:** The Board is concerned about protecting children from exposure to environmental health hazards, especially those that could have long-lasting health impacts. It would support legislation and educational initiatives to address proven environmental health hazards that pose special risks to children, such as requiring smoke free environments for young children in automobiles.
- **Food Safety:** The Board adopts food service rules and food service worker rules to protect the health, safety, and well-being of the public and prevent the spread of disease through food. The Board supports continued food worker training by local health officers in multiple formats. The Board supports consistent, statewide implementation of food safety rules, but also supports the local boards’ of health authority to be stricter based on local public health needs. It would support legislation consistent with these principles.
- **School Environmental Health and Safety:** The Board has adopted but is not able to implement an updated rule for environmental health and safety in schools. It recognizes that the resources needed to effectively implement the rule are not available given the drastic budget cuts to education. It supports efforts by the Quality Education Council to identify funding formulas, as part of basic education reform, which would provide enough funding for school cleaning and maintenance that schools reasonably could be accountable for meeting the standards established in the rule. It would support efforts to reflect the need for full funding of operations and maintenance in legislation that advances basic education reform.